

# Assertive Community Treatment

ISSUE 22 SPRING - 2019

**Burrell Behavioral Health**  
Columbia TAY Team  
Columbia TAY-BH/DD Team  
Sedalia TAY Team  
Springfield Adult Team  
Springfield TAY Team  
Springfield IMPART Team

**BJC**  
St. Louis TAY Team

**Compass Health**  
Nevada Adult Team  
Raymore TAY Team  
St. Charles Crider TAY Team  
Jefferson City Metro TAY Team

**Family Guidance Center**  
St. Joseph Adult Team

**Ozark Center**  
Joplin Adult Team  
TAY Team

**Places for People**  
St. Louis Adult teams:  
ACT 1 Team  
Home Team  
IMPACT Team  
FACT Team

**Preferred Family Healthcare**  
Hannibal TAY-ITCD Team

**St. Patrick Center**  
St. Louis Adult Team

**Hopewell**  
St. Louis TAY Team

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## Hello from DMH

All you ever wanted to know about development of code of state regulations (CSRs) and more!!

The state's rulemaking process is managed by the **Administrative Rules Division** in the **Secretary of State's Office (SOS)**. Rules can only be written if a statute authorizes a state agency to write a rule pertaining to a particular subject.

The **Joint Committee on Administrative Rules (JCAR)** monitors all agency rulemakings to ensure they do not exceed their statutory authority.

Following a lengthy internal review of the CPR rules, including numerous postings on the DMH website for input from service providers and other stakeholders, the rules were formatted as required by the Administrative Rules Division.

The proposed rules were then reviewed and approved by staff in the DMH General Counsel's Office and the Governor's Office.

Next steps, over the span of several months, will include:

\*Filing the proposed CPR rule amendments with SOS and JCAR;

\*Publication of the proposed amendments in the *Missouri Register*;

\***30-day public comment period** begins when the proposed amendments are published in the *Missouri Register*;

\*DMH has **90 days** to act upon the rule (including response to comments) after the public comment period ends;

\*Proposed final order of rulemaking is filed with JCAR where it is **retained for a 30-day review period**;

\*Following JCAR's 30-day review period, DMH files the *final orders of rulemaking* with SOS for a **second** publication in the *Missouri Register*;

**At the end of each month**, rules that are published as final orders of rulemaking in the *Missouri Register* are prepared in final form by SOS for publication in the update to the *Code of State Regulations (CSRs)*; and

Rules **become effective 30 days after the publication date of the update to the CSRs**.

Once a rule becomes effective, it has the force and effect of law.

### ACT co-occurring disorder training schedule:

#### Integrated Treatment for Co-Occurring Disorders Training (Live Training—Jefferson City, MO)

Trainers: David W. Lynde, MSW and Christine Powers

June 5, 2019 | 9:00 a.m. – 5:00 p.m.

June 6, 2019 | 8:30 a.m. – 3:30 p.m.

Register Here: <http://www.cvent.com/d/76q0jv>

## Tips for attending conference calls or live webinars

Electronic and phone meeting options are a wonderful, convenient way to teach, train, be taught, network and meet with others. It does take some planning ahead to make the most of your electronic meetings. Here are some professional courtesies and tips to consider when attending a webinar or phone conference:

- \*Ensure you know how to connect ahead of time, including phone numbers, passcodes, links or other numbers.
- \*Ensure the equipment you are using (phone or computer) is able to run the webinar
- \*Find out if the access is toll free
- \*Avoid calling from a cell phone if possible, especially if the call could “drop”
- \*Avoid participating when you are working with clients at that time
- \*Avoid participating/calling in from the field where there is traffic noise, talking in the background and lack of privacy
- \*Put your phone/computer on mute until you wish to comment. Remember to unmute when you do participate
- \*Do not press hold while connected, as others will hear your agency/personal wait music
- \*Don't be a “stalker”. If the meeting leader permits, when you have questions, comments, ideas or thoughts, share them. It is likely others have the same thoughts or questions and it makes for a more productive discussion when people participate
- \*When you do speak, share who you are first and then speak up clearly
- \*Ensure that you have been listening to the discussion so that you don't ask a question that has already been answered
- \*Put away other work so you can give full attention to the presentation or discussion
- \*If you must leave the conference, let the leader know you need to exit, if possible





To find past issues of the ACT Newsletter, go to the DMH—ACT page at:  
<http://dmh.mo.gov/mentalillness/provider/act.html>

Scroll down to “newsletters” and find your archived online copy!

Missouri ACT is on the web!

<http://dmh.mo.gov/mentalillness/provider/act.html>



## NEW FACES AND TEAMS!

### **BJC ACT-TAY Team**

Kylie Holtmeier – Co-Occurring Specialist

### **Burrell ACT-TAY BHDD Team:**

Jason Stringer – CSS

### **Burrell ACT-TAY Columbia Team:**

Trinequa Betts – Program Assistant

Justin Jackson – Peer Specialist

### **Burrell ACT IMPART Springfield Team:**

Gina Poindexter – CSS

Tiffany Kenney – Co-Occurring Specialist

Angie Sparkman – Program Assistant

Sara Pruitt – RN

Desarae Turner – Peer Specialist

### **Burrell Adult Team Springfield:**

Dr. Fattman – Prescriber

### **Burrell ACT-TAY Team Springfield:**

Megan Bearden – Team Leader

Brianne Hawkins – CSS

### **Burrell ACT-TAY Team Sedalia:**

Marcie Landon – Program Assistant

### **Compass ACT-TAY Metro Team:**

Cindy Clark – RN

### **Compass ACT-TAY Raymore/Belton:**

Aaron Rutledge – RN

### **Hopewell – TAY Team:**

Jamieka Banks – SEE Specialist

### **Family Guidance -Adult Team:**

Mary Sanders – Team Leader

Kaitlynn Roberts – Program Assistant

### **Ozark Center Adult Team:**

Nicky Junge-Therapist

### **Places for People ACT 1 Team:**

Kelly Geil – Program Assistant

### **Places for People – FACT Team:**

Ashley Brommelhorst – CSS

Josh Cranston – Program Assistant

Nina Riaz – CSS

### **Places for People Home Team:**

William Newson – Co-occurring Specialist

Debra Brown – Co-occurring Specialist

### **Places for People – IMPACT Team:**

Leah Tate – RN

Sean Arnold – CSS

Michelle Blakley – CSS

### **Preferred TAY Team:**

Ashley Juette – CSS

Dawn Jackson – Peer Specialist

Anthony James – Peer Specialist

Jessie Waters – Team Leader

Jazmin Adams – RN

## ACT Tips & Tools of the Trade

How well do your ACT clients partner with your co-occurring specialist on the team? Do they shy away from meeting with them because they are in early stages of change? Do they worry that the specialist will pressure them toward abstinence? If your clients seem to avoid meeting with your specialist, there are things your team can do to help:

1) Consider changing the title of your specialist to omit anything like “substance abuse,” “substance use,” or “addictions”. Instead, consider their title as clinician, counselor or just co-occurring spe-

cialist.

2) Adopt a motivational approach from the beginning, even in client screenings, that assures your clients the staff will not pressure them in any way toward goals they are not ready for. Describe the person-centered, motivational approach and how that will play out on the team.

3) Specialists should ensure they are using a very motivational, client centered approach to addressing any addiction issues. Consider being trained on E-IMR or obtaining the E-IMR materials to study how

to approach clients with co-occurring issues.

4) Start some groups for individuals in early stages of change. Let them be very non-threatening and use curriculums designed for those in early stages of change. Consider having a nurse or peer specialist co-lead the groups.

5) Ensure the entire team speaks to clients about the co-occurring specialist as a solid member of the team who is included 100% in all clients’ treatment, not just those with co-occurring issues.



For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<http://dmh.mo.gov/men-talillness/transitio-nageyouth.html>



Follow PACTwise team solutions 'blog for interesting articles written by fellow ACT staff with over 30 years' experience in the field at: <https://pactwiseblog.com/>

## TEAM MEMBER SPOTLIGHT

**Name:** Megan Bearden

**Team/Location:** ACT TAY Burrell in Springfield

**Position/Role:** Team lead/therapist

**Favorite thing about working on ACT team:** Transdisciplinary team model (my team is awesome which makes my job easier!)

**Favorite Food:** Fajitas or spaghetti with homemade sauce

Something to share with other ACT teams: I have found it to be helpful to be strengths based with my team as well as our clients. As I draw on my team member's strengths to complete projects, follow up on client needs, or meet basic job expectations, I find they respond better and more effectively. Overall it increases moral and outcomes to play to people's strengths.

## TMACT Corner

### TMACT 1.0 Revision 3

#### *Client Weekly Schedules*

How does your team use schedules for the clients? For a perfect fidelity score on function #3 of Daily Team Meeting Quality, the team should use schedules and they serve as a bridge between the interventions in the treatment plan and what is created for the daily staff schedule. Schedules are formatted to be shared with clients, have sufficient detail capturing the nature of the intervention, who is delivering it, and when it is delivered and drive the daily staff visits. The content and schedule appear to approximate the interventions listed in the person-centered treatment plan. Clients typically get a copy of their schedules and these are kept up to date for the client. They may reflect both ACT and other provider appointments or groups. If your team uses the schedules as listed above, then you may score full credit on this scale item!

You can receive ACT specific technical assistance from DMH staff. They are happy to assist!

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## RESOURCES



**Center for Evidence-Based Practices at Case Western Reserve University**

<http://www.centerforebp.case.edu/>

**Individual Resiliency Training (IRT)**

<https://raiseetp.org/studymanuals/IRT%20Complete%20Manual.pdf>

**Copeland Center for Wellness and Recovery**

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

**Division of Behavioral Health Employment Services**

<http://dmh.mo.gov/mentalillness/adacpsemploymentservices.html>

**Dartmouth Supported Employment Center**

<http://www.dartmouthips.org/>

**Certified Peer Specialist**

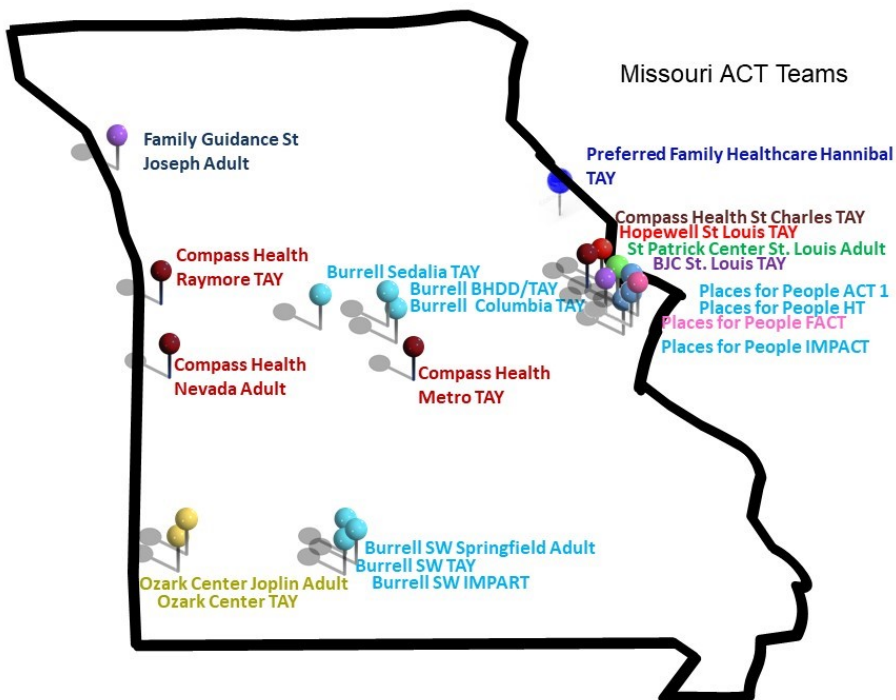
<https://dmh.mo.gov/mentalillness/PeerSupportServices.htm>

**SSI/SSDI Outreach, Access and Recovery (SOAR)**

<http://soarworks.prainc.com/>

**Missouri Recovery Network**

[www.morecovery.org](http://www.morecovery.org)



Missouri

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To access the free and downloadable **Supported Housing Toolkit** on the Substance Abuse and Mental Health Services Administration (SAMHSA) website:

[CLICK HERE](#)

Take the free **SOAR online training course** by visiting

<http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>

## SPARCS Training

Compass Health ACT team leaders Lauren Bruce, Wayne Johnson and Devin Hoover attended SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress) training on March 4<sup>th</sup> and 5<sup>th</sup> with another 2 days upcoming on May 21<sup>st</sup> and 22<sup>nd</sup>. This therapy is trauma focused and utilizes some DBT, CBT and TARGET skills within the modules. It is a group therapy provided to youth 12-21 over a 16 week period who have experienced multiple traumas and are experiencing continued trauma.



The modules help to teach affect regulation, attention management, self-perception, healthy relationships, somatization, awareness, mindfulness and distress tolerance skills.

## TMACT Revision 3

**Hard to keep up with exactly what has changed?** We understand. We created this [Q&A](#) to explain changes made since TMACT 1.0 Revision 1. We also recorded a webinar for you! Part I is nearly 2 hours long and takes you up until about EP6. Part II is about 45 minutes, finishes up with the review AND gives you a sneak peak into eTMACT. [PowerPoint Handout here.](#)

Part I (nearly 2 hours):

<https://attendee.gotowebinar.com/recording/3949706742188054274>

Part II (45 min. long AND includes sneak peak at eTMACT):

<https://attendee.gotowebinar.com/recording/6898709078069390338>

TMACT Part II : <http://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>



# *Arts & Literature*



*Expression*



*Creativity*

SUBMIT YOUR CLIENT ART—POETRY, PHOTOS,  
TESTIMONIALS, SHORT STORIES, PHOTOS OF  
PAINTINGS, SCULPTURE, ETC.—TO  
[LORI.NORVAL@DMH.MO.GOV](mailto:LORI.NORVAL@DMH.MO.GOV)